

Foster Family Home - Corrective Action Report

Provider ID: 1-630279

Home Name: David Yamane, CNA

Review ID: 1-630279-6

1103 Kahauiki Place

Reviewer: Angelica Galindo

Honolulu HI 96819

Begin Date: 10/19/2018

End Date:

10/19/18

Foster Family Home

Required Certificate

[17-1454-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Home visit for a 3 person CCFFH recertification review made on 10/19/18.

6.(d)(1) - Home in compliance with all requirements. Home will receive a 2 year 3 bed certification.

Angelica Galindo, RN
Compliance Manager

David Yamane
Primary Care Giver

10/19/18
Date

10/19/18
Date